

## OFFICIAL FILE ILLINOIS COMMENCE COMMISSION

Docket No. TCC Office Use Only

(File Original and 3 copies)		Docket N	Docket No.		
			I	CC Office Use Only	ÿ
Ple	ease provide the appropriate information	in the ( ) areas in the	e heading belo	ow.	
(Ap	pplicant's Name)	:			
	tition for Eligibility pursuant to Illinois Administrative Code 755,	: : :			
	ction 210.	:			
	PETITIO	ON FOR ELIGIBILIT	· <b>V</b>		
		ional sheets as necessa	_		
GE	ENERAL				
1.	Applicant's Name(including d/b/a, if any	y)	FEIN#	36-4162632	

1. Applicant's Name(including d/b/a, if any)	FEIN# 36-4162632	
International Center On Deafness and the Arts		
Address: Street 614 Anthony Trail	_	
City Northbrook State/Zip IL, 60062		
Telephone Number 847-509-8260		
Fax Number 847-509-8157		
2. Address and telephone number of the applicant's headquarters:		
Address: Street 614 Anthony Trail	- E	
City Northbrook State/Zip IL, 60062		
Telephone Number <u>847–509–8260</u>	25	
Fax Number_847-509-8157		
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3. Address and telephone number of the office in which the equipment will be located:

Address: Street	614 Anthony TFail		
City Northbrook		State/Zip <u>IL</u> ,	60062
relephone Number _84	47-509-8260		

- 4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
- 5. Please provide a statement of the equipment applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment.
- 6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.
- 7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
- 8. Please attach a copy of the organization's most recent annual report (if applicable).
- 9. Does the organization already possess a piece of equipment from the Illinois Telecommunications Access Corporation (ITAC).

10. Has the organization operated under any other name in the past?

(Signature of Applicant)



- 4. The International Center On Deafness and the Arts (ICODA) is a 501-C(3) not-for-profit organization which is registered in Illinois with the Secretary of State and the Attorney Generals Office. Its federal identification number is 36-4162632. The mission of the organization is to provide educational training and appreciation of the arts to Deaf and Hard of Hearing children, teens and adults through participation in quality artistic endeavors. ICODA is not owned or operated by any political subdivision, public institution or higher learning, state agency, or municipal corporation of this State.
- 5. We are applying for a CapTel phone for use by our hearing impaired employees, clients and members of the Board of Directors. ICODA's primary purpose is to serve individuals who are Hard of Hearing and Deaf through activities in the arts. Helping make these programs possible are Hard of Hearing and Deaf staff as well as members of the Board of Directors. From time to time all of these individuals have need of the telephone equipment being requested.
- 6. See attachments enclosed
- 7. See attachments enclosed
- 8. Not applicable
- 9. No
- 10. The organization was originally incorporated in 1974 under the name, Center On Deafness. Since that organization served two diverse purposes, the arts and mental health, the arts section was removed and reincorporated in 1997 under the name International Center On Deafness and the Arts as a not-for-profit corporation.

## VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois
County of Cook )ss
Testrica Scherec makes oath and says that he is Founder & Prosident (Insert the name of affiant) (Insert the official title of the affiant)
of International Center on Deafness and the Arts (Insert here the exact legal title or name of the Applicant)
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.
Salreceas Scherer (Signature of affiant)
Subscribed and sworn to before me, a Notary Public ANTHONY 5 An AMS (Title of person authorized to administer oaths)
in the State and County above named, this 19nday of July 2097
(Signature of person authorized to administer oath)
(Significate of percent system to duminificat outil)

OFFICIAL SEAL
ANTHONY J ADAMS
HOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:DATISTS